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HENRY B. SANDS

By CHARLES N. DOWD, M.D., F.A.C.S., NEW YORK

DR. HENRY B. SANDS, a native of New York City, whose life span extended from 1830 to 1888, occupied a pre-eminent place in American Surgery during an epoch of wonderful surgical development; and he added much to surgical progress in this remarkable period.

He was educated in the schools of his city and was graduated from the College of Physicians and Surgeons in 1854, served his internship in Bellevue Hospital and then studied in Europe according to the custom of his time. For ten years he was a member of the eminent group of men whom Dr. Willard Parker gathered about him.

He was demonstrator of anatomy in the College of Physicians and Surgeons from 1854 to 1867, professor of anatomy from 1867 to 1879, and professor of surgery from 1879 to 1888. He was visiting surgeon to many hospitals, Bellevue, Charity, Mt. Sinai, St. Luke's, the New York Hospital, and the Roosevelt Hospital. He appreciated the disadvantages of the short terms of hospital service then in vogue, and finally obtained a continuous active service of more than 75 beds at the Roosevelt Hospital.

This was a notable service, one of the very best in the country. He gathered about him a particularly capable group of associates and assistants and maintained a model hospital organization. William H. Halsted, Frank Hartley, Richard Hall, and George Woolsey were among the surgeons whom he trained during this period. Many visitors came to his clinic. I well remember hearing Dr. William J. Mayo tell of going into the ward with Dr. Sands to see him aspirate an appendiceal abscess—a procedure which made a profound impression on Dr. Mayo and led him to treat radically similar conditions after his return home.

As a consultant, his judicial attitude, his great experience, his courage, his fairness and wisdom, and his warm and appreciative nature made him the leading surgical authority of our city for many years. In this capacity, Dr. Arpad Gerster states in his delightful memoirs that "he was a man according to my own heart" and that he never knew a man "who had more of what is called the courage of convictions."

As a surgical investigator and writer he considered many and diverse problems: hæmorrhage from the internal carotid artery, aneurism of the subclavian artery,

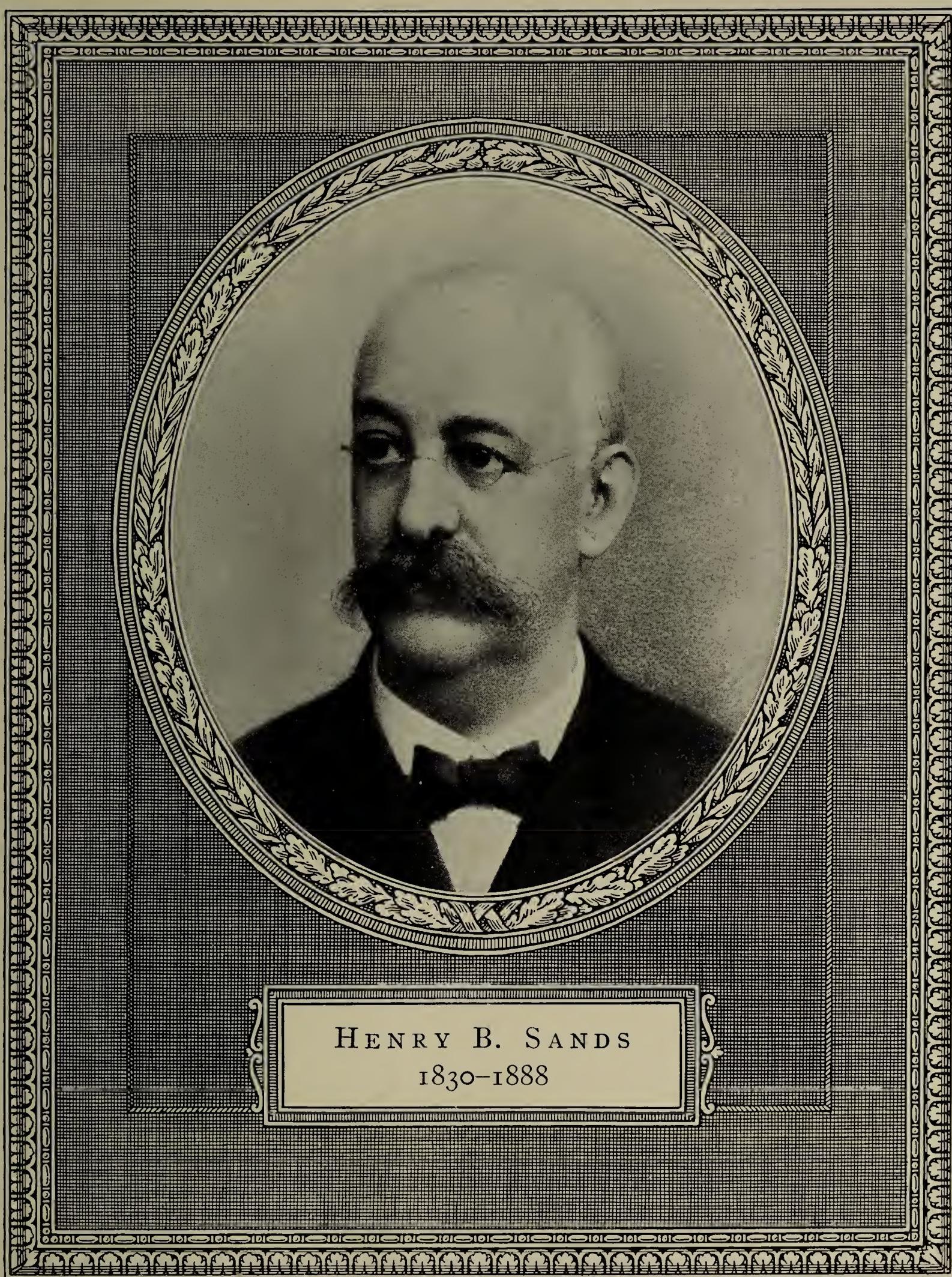
nasopharyngeal polypi, tracheotomy, laryngectomy, excision of cords of the brachial plexus, internal œsophagotomy, intussusception, perityphlitis, peritonitis, various forms of urethral lesions and rupture of veins.

His most notable contribution to surgery was in the study of what we now call appendicitis. It is difficult for present-day surgeons to realize the problems of our surgical forefathers with regard to this disease. The pathological process existed then as it does now; but it had been studied late, either at autopsy after fatal general peritonitis had resulted, or at operation after so-called perityphlitic abscesses had formed. Hence, strangely enough, attention had been centered on the head of the colon and not on the appendix.

The secret of the real pathology was only hidden by the thickness of the abdominal wall, but the fear of penetrating the peritoneum prevented early operation. Dr. Sands, however, reasoned out the pathology and then did an operation which at that time seemed early. He had long been familiar with the work of Willard Parker, who in 1856 had introduced a definite line of procedure in the treatment of perityphlitic abscesses; and in 1880 Sands wrote a valuable article on the subject and gave histories of 15 cases. About 7 years later he stated that he had observed a large number of additional cases and announced his belief that the appendix was really the offending organ. As evidence of this he cited the existence of appendiceal concretions in perityphlitic abscesses and also stated that the attacks of pain in "perityphlitis" varied in their position much as the appendix varies in its position.

With these observations in mind he was called by Dr. Baruch on December 30, 1887, to see a case of acute peritonitis localized in the region of the perforated appendix. He saw the case 45 hours after the onset of symptoms, advised immediate laparotomy and performed the operation 3 hours later. The appendix had ruptured at its base, three concretions lay outside the place of rupture, and local peritonitis was present. He closed the opening, drained the local abscess, and the patient recovered. In reporting this case to the New York Surgical Society on February 8, 1888, he stated that he believed that it was the "first instance in which an early operation had been done for localized peritonitis due to a perforation of the vermiform appendix in which the operation had ended in recovery," and substantiated this belief by referring to Weir's recent tabulation of operations for perforating lesions of the intestine.

The publication of this case by Sands proved a tremendous incentive to prompt operation in cases of so-called perityphlitis, which were as common then as cases of appendicitis are now. If Sands could cure a case by an operation at a time which then seemed early, other operators believed that they could do the same; and McBurney, Bull, and others immediately followed his example. The pathology was found to be as Sands had stated it. The word appendicitis was coined and the modern conception of the disease was promptly accepted. In



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thinking of Sands' work we must grant him much credit for this farsighted and courageous development.

Besides his professional ability Sands was a man of many interests. He was a musician of considerable ability, and a great lover of music. Even at the time of his death, which occurred suddenly in his carriage, he was returning to his home to an orchestral concert which was to be given there. He was interested in the arts. He had hosts of friends. He traveled much. He was a genial companion, a gifted conversationalist, witty, generous, and altogether delightful.

